



**Delaware Health Care Commission
Strategic Retreat
Friday, November 22, 2019 1:00 p.m. – 4:30 p.m.
Hilton Wilmington/Christiana - 100 Continental Drive, Newark, DE 19713**

Meeting Summary and Minutes

Commission Members Present: Dr. Nancy Fan (Chair), Theodore W. Becker (Mayor of Lewes), Robert Dunleavy (DSCYF), Secretary Rick Geisenberger (DOF), Richard Heffron, Dr. Jan Lee (DHIN), Dr. Kathleen Matt (University of Delaware), Nick Moriello (Highmark), Trinidad Navarro (DOI), Dennis Rochford (Maritime Exchange for DE River & Bay), and Dr. Kara Odom Walker (Secretary DHSS)

Meeting Facilitator: Dr. Devona Williams (Goeins-Williams Associates, Inc.)

Health Care Commission Staff: Elisabeth Scheneman, Executive Director

Introduction

The meeting was convened at 1:08 pm at the Hilton Christiana by Dr. Nancy Fan, Chair, who welcomed everyone and introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) who reviewed the purpose, objectives and expected products of the meeting, agenda and ground rules. Briefly the purpose of the strategic retreat meeting was: To reach agreement on future direction and focus of the DHCC for the next year and create an action plan and achieve the following objectives:

1. Review current state of the DHCC and progress against 2019 action plan.
2. Discuss and reach agreement on strategic direction and focus for the coming year.
3. Discuss and reach agreement on critical issues of DHCC's role relative to: 1) workforce and 2) programs.
4. Discuss and reach agreement on the current and future structure of the DIDER and DIMER boards; conduct a mini-SWOT of each.
5. Develop a plan for completing a DHCC Annual report and determine content.
6. Reach agreement on action items.

This summary is the compiled notes from discussion highlights and agreed upon action items charted by the facilitator. The action items listed after each discussion topic were next steps agreed to by commissioners.

Mission and Current State Review

The commissioners reviewed the statutory mission and the discussed accomplishments in response to the question that follows.

1. What are our greatest accomplishments over the past year?

- Healthcare benchmark has started.
- Reinsurance program is now in open enrollment.
- Healthcare Delaware billboards.
- Collaborative efforts of the DHCC,
- DHIN worked to build connections.
- The day-to-day work. Under sun set review and we've done the work for a long time.
- DIMER/DIDER Dialogue.
- Ideas on pilots.
- Came together to develop the mission statement.
- Checked off some of the action items from last year and now we just have to do cleanup.
- Collaborate and convening role. Learning where we can be innovative to increase access.
- We have a robust list of accomplishments.
- 19% decrease in the individual market for insurance.
- Next year we need to focus on this small market rates.
- Stabilized market insurance rates.
- Dr. Fan and Secretary Walker clarified the role of the commission.

Mission statement discussion:

2. Based on our accomplishments, is the DHCC achieving its mission? What's missing?

- Integration of areas in the healthcare landscape?
- We are operating in silos. How do we integrate the system?
- Federal role.
- How do we notify Delawareans how to find all the programs that are available? Do we promote? How do we reach all who need to have access to services?
- Access to affordable care is not the same as affordable health insurance; over 10% of household income is spent on healthcare for out-of-pocket costs.

Review progress against 2019 Action Plan

Elisabeth Scheneman, Executive Director, Delaware Health Care Commission, reviewed the progress against the 2019 Action Plan. Several items were completed and a number of items are in progress. Only a few items are incomplete. The DHCC will need to determine if it wants to continue to complete the open agenda items.

Incomplete items:

- Follow up to answer these questions: For special appointments on the commission, what are they representing? What role does the appointment from the General Assembly play? Is there a reporting requirement?
- Complete an Annual Report (*in progress*)
- Fill vacancies on the boards (*in progress*)
- Create a database of DIMER, DIDER, and SLRP students and graduates and determine who has remained in Delaware to practice medicine and if workforce diversity increased (*in progress*)
- Determine the relationship between the HRB and the Health Care Finance Advisory Council and models from other states. (*HRB under Sunset Review*)
- Increase effectiveness of board processes including: ad hoc committee exploration and optimizing processes for board vacancies.
- Restructure agenda for seasonality (*in progress*)
- Develop dashboard indicators (*commissioners have discussed, but have not developed*)

Discussion: Role of DHCC

Discussion on the role of the DHCC relative to workforce and health professional licensure issues. Discussion questions, highlighted discussion points and action plan follows for each topic.

What is the role of DHCC relative to workforce issues?

- We are able to spot where there is a need but we need to convene the right entities.
- Workforce - these are the professionals that carry out the work.
- What do we do to measure projected workforce? (Reference the poll of physicians).
- We don't look at workforce in a comprehensive way.
- The Population Consortium does some of this work. DOL's George Sharpley can provide sector data).
- What is the avenue for getting young people into healthcare? The Chamber sponsored and event on the IT workforce; maybe this is something that should be done.
- Educational community can develop programs but we need to hear from employers.
- We need the right people in the room (IT, higher Ed, medical society, Highmark, etc.).

- The role can be as convener; periodically hold meetings with all healthcare professionals; constantly refreshing information. Need to communicate trend lines for various professionals.
- Workforce is a complex issue – maybe produce a white paper to frame the issue.
- Look at staffing models; payment and delivery models need to be in sync. Telehealth is changing the models.
- Coordination to the pipeline.
- Also look into elementary and middle school's to build the pipeline.
- Need good data to make proper estimates; need people who know how to do this and accommodate future needs and diversity of population. What are we projecting into [the context of the environment]? Do we need legislative action? What is the role of the Workforce Development Board in this respect?
- We need a line of sight across the healthcare function? Is this the function of the P3 (Public Private Partnership)?
- Should there be a healthcare board? The need is to focus on workforce, the cost of health education, and internships.

Action items:

1. Understand the data and go collect the data
2. Take on the role of convener.

2. *What is the role of DHCC relative to professional licensure?*

- Understanding barriers to increase supply of healthcare professionals.
- The role is to make recommendations and convening to determine barriers are ways to overcome barriers.
- Data collection, workforce projections, analysis, Medicaid expansion impacts. Determine where there are shortfalls.
- Ensure quality care and focus on workforce.
- Licensure questions – data can support the questions use in the process; can DHCC add questions to the licensure exams related to the future to help with workforce projections?
- Collect and analyze data.
- Focus on dental hygienist and dentist.

Action items

1. Engaged in discussions with professional regulation assistant director.
2. Collect and analyze data.
3. Convene.
4. Change or update licensure questions.

DIMER Board

Mini SWOT Analysis (*What are the strengths, weaknesses, opportunities and threats?*)

What should the role be of DHCC relative to the DIMER board?

Strengths (internal analysis)	Opportunities (external analysis)
<ul style="list-style-type: none">• Successful opportunities for Delaware students.• Increase awareness of opportunities in the past year. Support network for students and the ripple effects of the program.• Bridge with medical schools.• Increase the odds of success for students in a highly competitive space.	<ul style="list-style-type: none">• Analysis will provide more forward thinking and tie in with workforce needs (i.e. mental health service areas, IT).• Use examples from other states without medical schools.• Look at retention bonuses with companies.• Create incentives for workforce; and loan repayment.• Educating other stakeholders on ROI; show data related to ROI to increase in workforce.• Encourage and incentivize.• Identified with the pre-medical school pool is in Delaware.• Measure the impact of Delaware program through the Delaware Health Alliance.• Increase awareness.
Weaknesses	Threats
<ul style="list-style-type: none">• Getting the message out.• Limited access to funding.• Being more aware of vacancies and harness the expertise of the board.	<ul style="list-style-type: none">• Members of the legislature were not aware of it and they wanted to eliminate the program.• How many students come back to Delaware?; retention.

Action items

1. What are the requirements of the program? – revisit them.
2. Data, ROI and incentives; use expertise of DIMER Board.
3. Charge the DIMER Board to open the discussion and facilitate communications.
4. Survey students where they go and why.
5. DIMER needs to educate students about opportunities in Delaware and create mentor opportunities.

DIDER Board

Mini SWOT Analysis (*What are the strengths, weaknesses, opportunities and threats?*)

What should the role be of DHCC relative to the DIDER board?

Strengths	Opportunities
<ul style="list-style-type: none">• Creating opportunities for students	<ul style="list-style-type: none">• Maximize the number of students to enroll; understand why we don't have the number of students met.• Increase exposure and awareness at all levels.• Educate legislators.• Test the board with increasing awareness.• Track student graduates and eligibility for slots.• Work Force-how does it fit into the overall plan?• Reach Delaware parents and let them know they have opportunities to send their students to the youth day for this opportunity.• Need to know when they matriculate.• Explore opportunities for partnerships.• Pipeline development.• Develop a course profile for DIDER students and implement this at the university level.
Weaknesses	Threats
<ul style="list-style-type: none">• Lack of awareness; legislators are not aware.• Unfilled slots.• We don't know where the students are.• Only five slots; this is not much of a pathway.	<ul style="list-style-type: none">• Unfilled slots.• High capital investment for dental practices.• The legacy determines who practices dentistry.

Action items

1. Outreach at earlier ages and increase awareness.
2. Work with University of Delaware to implement curriculum profile.
3. More targeted approach.
4. Survey why students would choose Delaware; understand the numbers.
5. Conduct a capacity study.

Public Comment

The public was invited to give comment following the SWOT discussions.

Dr. Lou Rafetto, DIDER Chair, clarified there are four seats reserved at Temple, not five. The number of legacies over the past 50+ enrollees is two or three. He introduced Bruce Matthews, DIDER board member and Chair of the State Dental Board and Joe Kelly with the Delaware State Dental Society and shared they would be happy to answer questions about DIDER, licensure, residency requirements, dentistry in general. Dr. Rafetto shared with the commissioners material on the dental exam and residency requirement. He mentioned in July, DIDER held a Dental Summit and developed several action items. One of these items is to conduct a capacity study and impact on licensure study. DIDER would like to partner and work with the DHCC.

Jonathan Kirch, American Heart Association, shared information about American Heart Association's Go Red for Women and STEM Goes Red movement which brings together young women in high school to pursue STEM careers and academics. The event will be held March 18, 2020.

Dr. Anne Farley, government relation for the Delaware Dental Society, recommended reaching out to George Sharpley with the Department of Labor regarding labor market information for a dental capacity study.

Sherman Townsend, DIMER Chair, shared comments about DIMER's successes in the past year. DIMER had its largest class ever and is doing a great job recruiting students for medical school. DIMER is also focused on primary care, Delaware residencies, and loan repayment. Mr. Townsend also shared information about DIMER's work with the Delaware Health Sciences Alliance.

Strategic Direction 2020

Discussion Questions:

1. *What can we improve upon?*
 - Gathering data.
 - Clarity on working relationship with HRB.

2. *What do we want to do differently?*

- Understand and communicate data.
- Develop dashboard indicators.
- Determine how HRB is measured and its relationship with the Healthcare Finance Board; resolve and define roles.
- Awareness and transparency across-the-board.
- Partnerships.
- Hold DIMER and DIDER Boards accountable for action plan.
- Evaluate positions of commissioners to see who is missing and if we have the right people.
- Be a convener and collaborator with existing efforts.

Action items

1. More public input on and being patient centered.
2. Consistency regarding patient advocacy.
3. Resolve and define the inter-relationship between HRB and the healthcare finance board.

3. *What should our focus be for 2020? Priorities?*

- Workforce development
- Sustainable data collection and analysis.

Principles (how we should operate)

- Affordable care overall.
- Patient centered.
- Services integration with emphasis on mental health, continuum of care.
- Social determinants of health.

DHCC Annual Report

Discussion Questions:

1. *Why do we need an Annual Report? Who do we want to receive it?*

- It is a requirement.
- Mark progress.
- Can look back.
- It should be brief, timely, and share successes.
- Increase awareness and education.
- Educate the legislature.
- Helps deal with redundancy.

2. *What is the content?*

- Mission, vision and principles.
- Priorities, quantifiable accomplishments at year end.
- 3 to 5 year plan.
- Show output, analysis, outcomes, ROI, data, and collective efforts.,
- Quantifiable health costs.
- Important to show action items for 2020 and a call to action.

3. *How do we prepare it?*

- Executive summary, easy to read, highlighted,

4. *What should it look like?*

- Not glossy, content driven, info graphic, some background content
- Include lots of details in appendix.
- Put on a flash drive, and link to website.

Action item

1. Brief legislature on priorities.

Wrap Up and Next Steps

Dr. Williams summarized the highlights of the discussions and reviewed action steps. All action steps will be compiled and sent out as a list to commissioners to discuss at future meeting to determine timetable and responsibilities.

The Commissioners agreed that the process was helpful in gaining an understanding of their purpose, roles and future direction. Dr. Fan, Chair thanked all commissioners for their participation.

The meeting was adjourned at 4:30 pm.

Public Meeting Attendees

Joseph Kelly	Delaware State Dental Society
Anne Farley	Delaware State Dental Society
Sherman Townsend	DIMER
Lou Rafetto	DIDER
Tim Gibbs	Academy of Medicine/Delaware Health Sciences Alliance
Pamela Gardner	Delaware Health Sciences Alliance
Eschalla Clarke	DHSS
Latoya Wright	DHSS
Joanna Suder	DOJ
Leslie Ledogar	DOI
Bruce Matthews	DIDER
Jonathan Kirch	American Heart Association